

RESIDENTIAL CARE CENTER FOR CHILDREN AND YOUTH TYPE 2 DESIGNATION REQUEST

Use of form: Pursuant to HFS 52.57 and DOC 394, designation as a Type 2 Residential Care Center requires a licensee to apply and receive approval from the Department of Corrections, Division of Juvenile Corrections (DJC) and the Department of Health and Family Services (DHFS), Division of Children and Family Services (DCFS), Bureau of Regulation and Licensing. Personally identifiable information on this form is collected to determine eligibility for, and compliance with, licensure under HFS 52.

Instructions: Applicants must submit this Request for Type 2 Designation and provide any attachments requested to the appropriate DCFS regional office of the Bureau of Regulation and Licensing.

☐ **Original Request** for Type 2 Designation☐ **Continuance Request** for Type 2 Designation

A. GENERAL INFORMATION

Name - Agency		Facility Number (Assigned by DCFS)
Address - Agency (Street, City, Zip Code)		County
Name - Person Completing Form	Position	Telephone Number

B. FACILITY INFORMATION - Complete for Original Request or if changes have occurred in the Designation Request.

List each facility and, if applicable, unit(s) within the facility(s) which will serve this population. If additional space is needed, attach separate sheets.

Name - Facility	Address - Facility

Units Affected at Above Facility

Name - Facility	Address - Facility

Units Affected at Above Facility

Name - Facility	Address - Facility

Units Affected at Above Facility

Name - Facility	Address - Facility

Units Affected at Above Facility

Name - Facility	Address - Facility

Units Affected at Above Facility

Name - Facility	Address - Facility
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Units Affected at Above Facility

C. PERSONNEL AND PROGRAM COMPONENTS**Complete for Original Request or if changes have occurred in the Designation Request.**

Name - Contact Person for Type 2 Program Issues

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Attach the following:

- Any facility policies that relate specifically to Type 2 residential care or that are different from the facilities current policies.
- Identified residential care center service components for Type 2 residents that will be different from the current services program.
- An explanation of how the residential care center will specifically identify Type 2 youth and ensure that residential care center staff will know which youth are designated Type 2.
- Description of the procedures that will be followed when a Type 2 status youth runs away or does not return from an approved leave including:
 - a. Procedure for notifying local law enforcement agencies;
 - b. Procedure for ensuring that only staff approved and trained in the use of the Department of Corrections approved law enforcement powers, policies and procedures will pursue Type 2 youths.
- A description of the residential care center's arrangements for how a Type 1 institutional placement or replacement, when necessary, will occur. Also, describe how Type 2 status youth, upon initial Type 2 placement, will be informed of the conditions for placement or replacement into Type 1 institutional placement.
- A description of the staffing pattern for Type 2 residents if it will be different from the current resident staffing pattern.
- A copy of the Wisconsin Department of Corrections Annual Retraining and Reporting Requirements.

SIGNATURE - Chief Officer of the Board_____
Date Signed_____
SIGNATURE - Facility Administrator_____
Date Signed